



Reliance Private Car Package Policy- Schedule

Policy Number: 607321923110008171	Proposal/Covernote No: R19021958317
Insured's Name : Mrs. PALLAVI ANANDKUMAR LONDHE	Period of Insurance: From 15:51 Hrs on 19-Feb-2019 to 23:59 Hrs of 18-Feb-2020
Communication Address: NATEPUTE,, MALSHIRAS, SOLAPUR, MAHARASHTRA, INDIA,413109	Policy Servicing Branch: RELIANCE GENERAL INSURANCE CO LTD RELIANCE CENTRE, SOUTH WING, 4TH FLOOR, OFF. WESTERN EXPRESS HIGHWAY, SANTACRUZ (EAST), MUMBAI- 400055 MAHARASHTRA
Mobile No : 9970180402	Tax Invoice No. & Date: R19021958317 & 19/02/2019
Email-ID: NA	GSTIN/UIN & Place of Supply:
Insured's Blood Group:	

Insured Vehicle Details			
Registration No.	MH45N7627	Mfg. Month & Year	FEB-2017
Make / Model & Variant	RENAULT / KWID / 1.0 RXT AMT	CC / HP	999
Engine No. / Chassis No.	028354 / 49745	Seating Capacity Including Driver	5
Geographical Extension	INDIA	LCC Excluding Driver	4
RTO Location	MAHARASHTRA - Akluj	Total Premium ₹	8910.00
Hypothecation/Lease	Hdfc Bank , Pune		

Insured Declared Value (IDV)			
Vehicle IDV ₹	292084.00	CNG / LPG Kit ₹	0.00
Electrical / Electronic Accessories ₹	0.00	Trailer / Side Car ₹	0.00
Non Electrical Accessories ₹	0.00	Total IDV ₹	292084.00

Premium Summary			
Own Damage - Section I	Amount (₹)	Liability - Section II	Amount (₹)
Basic OD	5325.86	Basic Liability (TPPD 1)	1850.00
Total Basic Own Damage Premium	5325.86	Total Basic Liability Premium	1850.00
ANYWHERE ASSIST SERVICES	0.00	PA Benefits - Section III	
TOTAL OWN DAMAGE PREMIUM	5325.86	Compulsory PA cover to Owner Driver	375.00
		Total PA Premium	375.00
		TOTAL LIABILITY PREMIUM	2225.00
		TOTAL PACKAGE PREMIUM (Sec I + II + III)	7551.00
		CGST (@9.00 %)	680.00
		SGST (@9.00 %)	680.00
TOTAL PREMIUM PAYABLE (₹)			8910.00

GSTIN :27AABCR6747B1ZG, HSN :9971, Description of services : Motor vehicle insurance services

Subject to I.M.T.Endt.Nos. IMT 15,22,7

PA-Nominee Details	Name	Age	Relation
1	MR ANANDKUMAR LONDHE	38	Spouse

Consolidated Stamp duty Paid vide Letter of Authorisation No. CSD/298/2019/143/19 dated 11th Jan 2019\*\*Not Applicable for the State of J&K

657212410010	Shashikala Adinath Deokar	NA	9766539572
VLE ID	VLE Name	UIN	VLE Contact Number
11CSC001 / Csc Egov	ernance		
Intermediary Code/N	Name Intermediary Contact No.	Intermediary E-mail ID	<u> </u>



reliancegeneral.co.in (Toll Free) 1800 3009 (022) 4890 3009

Special Conditions

: NA

Policy has been issued with reference to vehicle inspection report, reference lead no. 19157668 & special conditions.

The inspection report remarks can be viewed on company's website by the lead no.

Limits of liability

Under Section III of the policy - PA cover for owner driver CSI ₹ 1500000.0/- (a) Under Section II (1)(i) of the Policy-Death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicle Act, 1988. (b) Under Section II (1)(ii) of the Policy-Damage to property other than property belonging to the insured or held in trust or in the custody of control of the insured up to the limits specified- (TPPD 1 Sum

Insured - ₹ 7,50,000/-, TPPD 2 Sum Insured - ₹ 6,000/-).

luggage), (c) Organized racing, (d) Pace making, (e) Speed testing, (f) Reliability trials, (g) Any purpose in connection with Motor Trade The Policy covers use for any purpose other than: (a) Hire or Reward, (b) Carriage of goods (other than samples or personal Limitations as to use

Persons/Classes of persons

entitled to drive

Any person including the Insured:

Provided that a person driving holds a valid driving license at the time of the accident and is not disqualified from holding of such a license. Provided that the person holding a valid Learner's License may drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

**Deductible under Section-I** 

(i) Compulsory deductible ₹ 1000.0/- (ii) Additional compulsory deductible ₹ 0/- (iii) Voluntary deductible ₹ 0.0/-

"It is hereby declared and agreed that any damages pre-existing, any losses occurred & any Liability having been incurred, prior to the commencement of cover under this policy are excluded from the scope of this policy.

"This policy provides you with a host of roadside assistance services at no extra cost\*. Services include assistance for Towing, Battery Jumpstart, Minor Repairs, Tyre Punctures, Emergency Fuel, Delivering Back up key, Organizing a taxi, Organizing Hotel Accommodation and SendSending Outgoing Messages."

The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in.

I/We hereby certify that the Policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of M.V. Act, 1988.

Note: In the event of dishonor of cheque, this policy document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not. No Claim Bonus will be allowed, provided the policy is renewed within 90 days of the expiry of the previous policy.

Updating Registration Number of vehicles within 15 days of policy inception is MANDATORY as per IRDA. Kindly provide the same to your Agent/Our Call centre/Policy issuing Branch (Applicable for policies booked without Registration No of vehicles).

IMPORTANT NOTICE: The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the Company by reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed 'AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY'. For legal interpretation, English version will hold good.

In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

Grievance Clause :-

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 1800 3009 or may write an email at rgicl services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insurance Ombudshari are available at RDAI website www.inda.gov.in of of company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in | Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in

Note: This policy has been issued based on the information provided by you and the policy is not valid if any of the information provided is incorrect. In case you find anyvariations against your proposal or any discrepancy in the policy, kindly contact us immediately. Subject otherwise to the terms, conditions and exclusions of the Reliance Motor Private Car Package Policy.

In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal/Covernote No. as mentioned in the policy.

This document shall be trated as a Tax Invoice as per Rule 9(2) of the Goods and Services Tax Invoice Rules

In the unfortunate event of a claim, please call quoting your Policy No. on 1800 3009 (toll free) or (022) 48903009 and register your claim immediately within

7days from the date of loss. You can also reach us at rgicl.services@relianceada.com.

In the absence of any communication from you within a period of 15 days of receipt of this letter, we will consider that the issued policy is in order and as per your proposal.

For Reliance General Insurance

Authorised Signatory

Reliance General Insurance Co.Ltd. IRDAI Registration No. 103

An ISO 9001:2015 Certified Company

Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai 400710.
Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055.
Corporate Identity No.U66603MH2000PLC128300. RGI/MCOM/CO/2311/PS/Ver. 1.3/010218
Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.



#### **Risk Assumption Letter**

PALLAVI ANANDKUMAR LONDHE Dear

Thank you for choosing Reliance General Insurance.

Please find enclosed policy no	o.: 60732192	3110008171 which ha	as been issued based	d on the details declared by the	he applicant.		
Insured Vehicle Details							
Registration No. M	H45N7627	15N7627		Mfg. Month & Year		FEB-2017	
Make / Model & Variant	ENAULT / K	WID / 1.0 RXT AMT		Date of Registration		16-Feb-2017	
Engine No. / Chassis No. 02	28354 / 4974	15		Seating Capacity Including	Driver	5	
Type of Body N	A			CC / HP		999	
RTO Location M	AHARASH1	ΓRA - Akluj		LCC Excluding Driver		4	
Insured's Declared Value (II	DV)						
Vehicle IDV ₹			292084.00	CNG / LPG Kit ₹	7	0.00	
Electrical / Electronic Accesso	ories ₹		0.00	Trailer / Side ₹		0.00	
Non Electrical Accessories	₹		0.00	Total IDV ₹		292084.00	
Previous Policy Details							
Previous Year Policy No.		F	Period of Insurance		Previous Policy-Claim Sta	atus	
99119823110004915		From : <b>2018-</b> 0	<b>02-06 00:00:00.0</b> To :	: 05-Feb-2019 midnight	☐ Yes ✓ No		
YOU HAVE OPTED FOR THE Standard Cover		icle Own Damage + ' Electrical/electronic a Non-electrical access	accessories	Ç.			
Add-on Covers							
Nil Depreciation Cover	No	deduction for deprecia	ation on vehicle parts	other than tyres and tubes w	vith respect to approved part	ial loss claims.	
Motor Secure Plus	No	deduction for deprecia	ation, consumable on	vehicle parts and covers the	e engine in respect to approv	ed partial loss claims.	
Motor Secure Premium		No deduction for depreciation, consumable on vehicle parts and covers the engine, loss of key in respect to approved partial loss claims.					
NCB Retention Cover	No-	No-Claim Bonus % is retained even after a claim, which would have become 0% without this cover.					
Total Cover	Pro	Provides cover for registration charges, road tax and insurance premium (Total Cover Sum Insured -₹ 0.0 /-)					
EMI Protect	Pay	Pays for car EMIs for the time period during which the car is in one of our network garages for repair.					
Daily Allowance Benef	it Production	Provides allowance as per plan opted, if vehicle is in garage for more than minimum days & for initial two eligible own damage claim., and in case of theft where vehicle is not found for more than 90 days					
Daily Allowance Benef	it Plus Prov clair	vides allowance as perm., and in case of the	er plan opted, if vehic ft where vehicle is no	le is in garage for more than t found for more than 90 day	minimum days & for eligible s.	own damage	

This policy provides you with a host of roadside assistance services at no extra cost. For more details visit www.reliancegeneral.co.in Please take a moment to carefully check your policy details mentioned above and in the policy schedule. Kindly confirm that the same are in order. In case of discrepancies, please let us know immediately. You can write to us at rgicl.services@relianceada.com or call us on 1800 3009 (toll free) or (022) 48903009 for necessary changes/rectification. In the absence of any communication from you within a period of 15 days of receipt of this letter, we will consider that the issued policy is in order and as per your proposal. Non disclosure and/or misrepresentation of claims in the previous policy period can lead to cancellation of your policy or

For Reliance General Insurance Co. Ltd.

**Authorised Signatory** 

Reliance General Insurance Co.Ltd. IRDAI Registration No. 103

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#### Know your Policy

Remember to carefully go through the Risk Assumption Letter and confirm your personal as well as your vehicle details.

In case of any discrepancy in the policy details, kindly revert within 15 days from the policy start date on 1800 3009 (toll free) or (022) 48903009 or visit any of our branches.

refer to the Key Feature Document and Policy Wording at www.reliancegeneral.co.in to understand your policy better and learn more about the policy

#### What documents do you require for making any change to your Policy

- 1. Changes in vehicle make & model/cubic capacity/seating capacity/engine & chassis no./year of manufacture/registration no./ location/address

  Documents required: Letter for change, policy copy and registration certificate copy along with additional premium cheque, if applicable.
- 2. Changes in electrical and non electrical accessories/CNG/LPG kit

**Documents required :** Letter for addition, policy copy, invoice copy of accessories, endorsed registration certificate copy (for CNG/LPG kit) and cheque for additional premium.

3. Changes in financier details (Hypothecation/Lease/Hire purchase)

**Documents required :** Letter for change, policy copy, endorsed registration certificate copy and no objection certificate from financier (not mandatory for deletion, if registration certificate copy is endorsed).

## How to register a Claim - Cashless







Claim registration by Network Garage



Survey, Document verification, Loss Assessment & Re-inspection



Cashless Amount Confirmation



Vehicle Delivery

### How to register a Claim - Reimbursement



Registration of Claim



Report Vehicle at Garage



Survey,Document verification,Loss Assessment and Re-inspection



Vehicle Delivery



Submission of Original Repair Bills + Payment Receipt



Claim Settlement to Customer

#### What documents do you require to register a Claim

- 1.Claim form duly filled and signed (company stamp in case of company registered vehicles)
- 2.Registration copy
- 3. Driving License of the driver at the time of loss
- 4.Policy copy

Note: 1. As soon as a claim occurs, please intimate immediately at our call centre 1800 3009 or (022) 48903009. Delay in intimation would result in the violation of

# How to renew your policy conveniently Payment Modes Internet banking Cheque/DD Submit a cheque/DD along with signed Renewal Notice to branch/agent and renew Credit/Debit Card

# front

# **RELIANCE** General Insurance

# **LiveSmart**

PALLAVI ANANDKUMAR LONDHE Name

Policy No. 607321923110008171

**Policy Period** 19-Feb-2019 to 18-Feb-2020

n No 49745

Vehicle No MH45N7627

**Emergency Contact No** 

**Blood Group** 



Scan the QR code for details

For breakdown or claims call 1800 3009

# back

- All insurance contracts are based on the information provided by the insured
- Intimate claim immediately at our Toll Free No. 1800 3009 and provide: 1.Policy No. as mentioned on the card. 2.Place, Date & Time of Loss. 3.Name of the Driver Driving the vehicle at the time of Loss. 4.The damages suffered by the vehicle. 5.Injuries to passengers/driver/third parties if any. 6.Place when the vehicle is currently available for inspection.

## IRDAI Registration No. 103

Reliance General Insurance Company Limited.
Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway ,
Santacruz (East), Mumbai - 400 055.Corporate Identity No.U66603MH2000PLC128300.
RGI/MCOM/MOT-02/MOTOR CARD/Ver. 1.0/200115

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# **Proposal Form For Reliance Private Car Package Policy**

Is the Vehicle Made in India	✓ Yes No	Type of Vehicle:	Two wheeler	Four wheeler Three Whe	eler
For Office Use Only					
Policy Number	607321923110008171		Date		
Savvion Reference No.				ection Lead No.	
Intermediary Details (To be f	illed in BLOCK LETTERS)				
Intermediary Name	CSC EGOVERNANCE		Cod	e 11CSC001	
Branch Name	CSC-SPV		Cod		
Sales Manager Name	Dummy Csc Spv Sm		Cod	e D6073241	
Details (To be filled in BLOC	K LETTERS)				
1. This Proposal is for A	new Policy Renewal of	Policy Rollove	r Policy Used Poli	су	
2a. Proposer's Full Name M	ır. Mrs. Ms. PALL	LAVI ANANDKUMAR LO	NDHE		
2b. Address	Address for Communicat	ion	Address where vehicle	is normally kept and Used	
Flat/Building/Door/Block No.	Natepute ,				
Road /Street/Sector					
Nearest Landmark					
Area					
City	MALSHIRAS,				
Pin Code	413109				
State	MAHARASHTRA,				
Country	India				
Phone				70180402	
Emergency Contact No.			Blood Group		
Email NA			Fax	100/0000	
<ul><li>3. Period of Insurance</li><li>4. Source of Funds</li></ul>	From 19/02/201  Business Pr	19 rofession Salaı		02/2020	thers
		_			
•	Upto ₹ 20,000	₹ 20,001 to ₹ 50,000	( 00,00 ) (0 ) (	,00,000	bove
<ul><li>6. UID Aadhaar No.</li><li>8. Do you have GST Registration</li></ul>	Number Yes	✓ No	7. PAN No.		
If Yes, Please Specify	Trumber	V 140			
9. Related Party	Yes	No			
Details of the Vehicle					
10. Registration Number	MH45N7627		11. Date of Registra	tion 16-Feb-2017	
12. Registering Authority & Location	n MAHARASHTRA -	- Akluj			
13. Year & Month of Manufacture	FEB-2017		14. Cubic Capacity	999	
15. Engine Number	028354				
16. Chassis Number	49745				
17. Make of Vehicle	RENAULT				
18. Type of Body/Model	NA		19. Seating Capacity	y including Driver 5	

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IRDAI Registration No. 103.Reliance General Insurance Company Limited.Registered Office: H Block,1st Floor,Dhirubhai Ambani Knowledge City,Navi Mumbai -400710. Corporate Office: Reliance Centre,South Wing,4th Floor,Off. Western Express Highway,Santacruz(East),Mumbai-400 055. Corporate Identity Number U66603MH2000PLC128300.Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.RGI/MCOM/CO/MOT-02/PVT-CAR-PF/Ver.1.1/010218.



D	Details of the Vehicle Type and Use								
20.	Whether the Vehicle i	s driven by Non-co	nventional sourc	ce of power?	s 🔲 N	lo If yes	Bi Fuel	CNG	LPG
	Insured declared valu (IDV) of the Vehicle		ted to the Ac	ectrical & electronics cessories fited to the Vehicle		ar(Two_wheeler) iler(Pvt.Cars)	Value of CNG/ LPG Kit	Total Va	llue
Ī	292084.00	0.00		0.00		0.00	0.00	292084.00	
21. Age of Owner Driver  22. D.O.B.  23. Add On Covers (Subject to availability and eligibility)  a. Nil Depreciation Cover  b. NCB Retention Cover  c. Easy Monthly Instalment(EMI) Protection Cover :(RGI-MO-A00-0017-V01-14-15)  If Yes, please chooose any one option;  Plan I - 1 EMI,EMI Amount :  Plan III - 3 EMIs,EMI Amount :  Motor Secure Plus (RGI-MO-A00-00-03-V01-13-14, RGI-MO-A00-00-04-V01-13-14, RGI-MO-A00-00-06-V01-13-14)  (Available for Private Cars Only)  e. Motor Secure Premium (RGI-MO-A00-00-03-V01-13-14, RGI-MO-A00-00-04-V01-13-14, RGI-MO-A00-00-05-V01-13-14,								□ No	
	f. Total Cover	-06-V01-13-14)(A penefits(RGIMO-A ce	\00-an-19-V02- <sup>-</sup>						
24.	Is the vehicle fitted with	•			Associati	ion of India		Yes	✓ No
25. 26.	•	Automobile Associa		e,issued by Automobile f Yes,please submit me				Yes	✓ No
27. 28. 29.	a. Private,social,dor	nestic,pleasure and sother than sample sused for Driving T le is limited to Own	es or personal lu  Fuitions ?  Premises ?					Yes Yes Yes Yes Yes	No No No No No No No No
<ul><li>30.</li><li>31.</li><li>32.</li><li>33.</li></ul>	If so,is the duty element included in the IDV?  ∴ Whether the Vehicle is design for the use of Blind/Handicapped/Mentally Challenged Person?  ∴ Date of purchase of the Vehicle by the Proposer  ∴ Date of purchase of the Vehicle by the Proposer							No No No	
R	isk Inclusions								
34.	4. Please Select the higher deductible if you wish to opt for over nd above the compulsory deductible (₹ 1000 - for Vehicles not exceeding 1500 cc, ₹ 2000 for vehicles exceeding 1500 cc) Private Car: 0.00								
35.	Do you wish to restric		the statutory TI	Property Damage(TPPD PPD Liability limit of ₹ 60			and ₹ 7.5 lakhs	(Private car)  Yes	☑ No
	Legal Liability  Driver		No. of P						
36.	Personal Accident Co	ver for Owner Drive	er. Please give o	letails of nomination  Name of the Appoin	tee	Relationship	Addres	SS	1
		Mr Anandkumar	Nominee 38	(If Nominee is Minor		Spouse			

(Note : 1. Personal Accident cover for Owner driver is compulsory for sum insured of ₹ 1500000.0 /-

2. Compulsory PA cover for owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving licence)





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38. Please state if the vehicle is under	<ul> <li>37. Extension of Geographical Area</li> <li>Whether the extension of Geographical Area to the following Countries required?</li> <li>1. Bangladesh</li> <li>2. Bhutan</li> <li>3. Maldives</li> <li>4. Nepal</li> <li>5. Pakistan</li> <li>6. Sri Lanka</li> </ul>
If so give name and address of concerned parties  39. Full Name MS	Details of Hire Purchase / Hypothecation / Lease
42. Address  43. Policy Number 99119823110004915 Previous policy expiry 05-Feb-2019  44. Type of Cover Package Policy Liability only others (to be describe)  45. NO CLAIM BONUS allowed under previous policy (%)  46. Claims taken in previous policy   0.00	If so give name and address of concerned parties  39. Full Name M/S Hdfc Bank  40. Address PUNE
Cheque/ DD Cheque/ DD No. Cheque/ DD Date	42. Address  43. Policy Number 99119823110004915 Previous policy expiry 05-Feb-2019  44. Type of Cover  Package Policy  Liability only  others (to be describe)  45. NO CLAIM BONUS allowed under previous policy (%) 0.00  46. Claims taken in previous policy
48. Name of the Bank Account Holder  49. Bank Account Number  50. Account: Saving Current  51. Name of the Bank  52. Branch  53. MICR Code (9 digit MICR code number of bank and branch appearing on cheque issued by the bank)  54. IFSC Code (11 character code appearing on cheque leaf)  I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account .*  * As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.  * AML Guidelines  I/We herby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent co	Cheque/ DD Cheque/ DD No. Cheque/ DD Date Cash Credit Card Others
* As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.  *AML Guidelines  I/We herby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent co	48. Name of the Bank Account Holder  49. Bank Account Number 50. Account: Saving Current  51. Name of the Bank  52. Branch  53. MICR Code (9 digit MICR code number of bank and branch appearing on cheque issued by the bank)
AML Guidelines  I/We herby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent co	I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account .*
I/We herby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent co	
or law under any or the statues, directly/ indirectly governing the prevention of Money Laundering in India.	I/We herby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime
Nationality	





#### Declaration by Proposer

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that, this declaration shall form the basis of the contract between me/us and RELIANCE General Insurance Company Limited . I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/ We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company. I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed/) I/We further understand and agree that RELIANCE General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, RELIANCE General Insurance will be liable to release the payment towards any claims under section I of the policy from the date of commencement of the policy only after a confirmation in this regard is received, In the event this declaration is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to RELIANCE General Insurance as contained herein and under the relevant laws and regulations. I/We acknowledge and agree that, Pending receipt of confirmation of the declaration from my/our previous insurers, the "cash-less repair facility" provided by RELIANCE General Insurance shall stand suspended. I/We also shall endeavour to procure the renewal notice and pass on the same to RELIANCE General Insurance CO. Ltd. This policy shall be

Signature	
Date	Date
Name	Place
This proposal form was completed by	

#### Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment ) Act, 2015

- 1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer
- 2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Supporting Confirmation of Agent/Broker/SM/CSO	
I confirm the above signature tobe of the registered owner of the vehicle proposed for insurance  Name of IRDAI Agent/ Broker Mr. Mrs. CSC EGOVERNANCE	
Place Date	
(In case of Direct Business, Name & Signature of CSO /SM to be taken)	Signature of IRDAI Agent/ Broker